

**EASTERN SCHOOL DISTRICT
Avalon East Region
16-Week Night School 2006
STUDENT REGISTRATION FORM**

Last Name: _____ First Name: _____ Initial: _____

Street: _____ City/Town _____

Postal Code: _____ Telephone Number: _____

Date of Birth: _____ (year) _____ (month) _____ (day)

MCP# _____ (If not currently attending day school)

? **If student is presently attending Day School, indicate the name of the school and where it is located.**

School _____ City/Town _____

? **If student is not presently attending Day School, indicate the name of the school previously attended and where it is located.**

School _____ City/Town _____

Course(s) Requested	Night Requested (Mon,Tue,Wed,Thur)*	Previous Mark Attained/ Current Average
1.		
2.		
3.		
4.		

*As courses are offered on the basis of sufficient enrolment, we are not able to offer all courses on each evening. While we will do our best to accommodate, we cannot guarantee you will get the course on the night you request.

Students must bring their MCP number, a recent transcript of marks and complete mailing address to the registration desk.

Course offerings will be based on demand. Registration fees are \$160.00 per course, payable at the time of registration.

In the event that the course(s) for which you are registered cannot be offered, you will be notified by telephone and a refund will be granted by contacting the Principal of Night School.

Student Responsibilities:

I agree to attend Night School classes regularly and obey all rules and regulations set by Night School teacher(s) and principal. I shall arrive at school on time with all necessary supplies, prepared for instruction. I shall complete all assigned tasks punctually. I realize that failure to comply with the above rules will result in my dismissal from Night School classes with no refund of registration fees.

Signature of Student

Date